

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

Application Number	10/572,737
Filing Date	March 21, 2006
First Named Inventor	LOFTY, W.
Art Unit	
Examiner Name	
Attorney Docket Number	SAI-003.01

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners at Customer Number : 25,181

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

25,181

**OR**

☐ Firm or  
Individual Name

Foley Hoag LLP

Address

City

State

ZIP

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Wael Lofty*

Name

Wael Mohamed Nabil LOFTY

Date

25/12/2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.